# New Hampshire Coronavirus Disease 2019 Weekly Call for Healthcare Providers and Public Health Partners

December 10 2020

Ben Chan Elizabeth Talbot Beth Daly Lindsay Pierce

#### **Update:**

Moving forward, these Thursday noon-time partner calls will focus more on science, medical, and vaccine updates geared towards our healthcare partners



# **Tracking the Pandemic**

Data "Interactive Analytics" Dashboard www.nh.gov/covid19

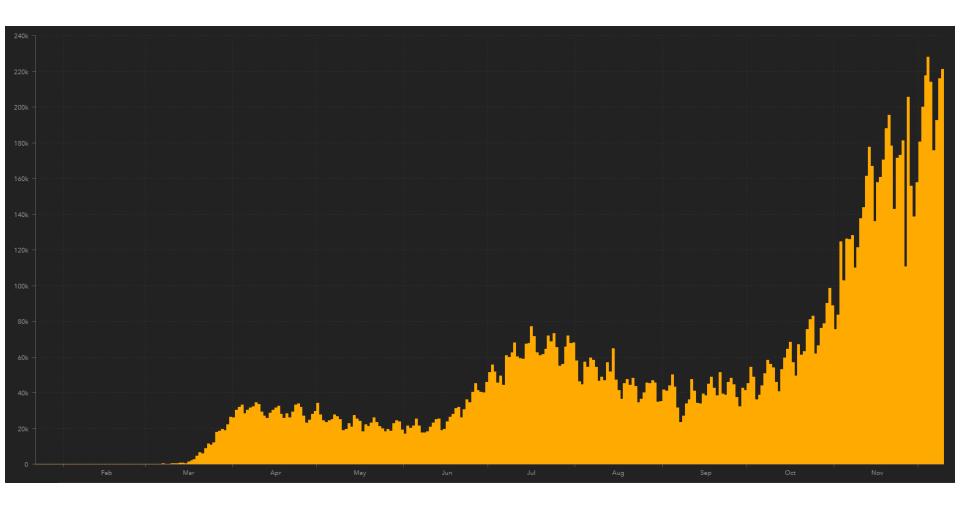


## **Updated Guidance & Resources**

- NH HAN COVID-19 Update #27 (Quarantine Guidance Update)
- A Guide to Isolation (Isolation Guide)
- A Guide to Quarantine (Quarantine Guide)
- General Travel Guidance
- Employer Travel, Screening, and Exclusion Guidance
- Data Dashboard

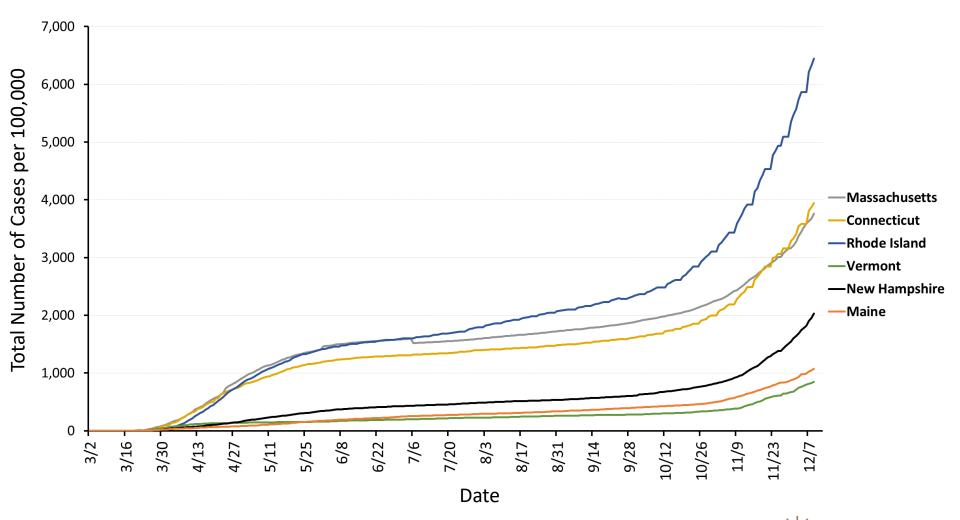


## National Daily Incidence of COVID-19

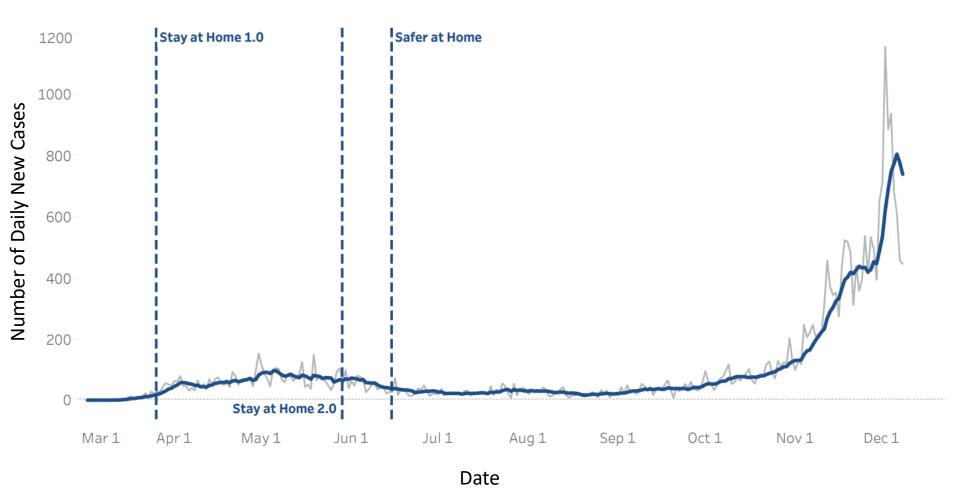




### Regional Cumulative Rate of COVID-19 by State

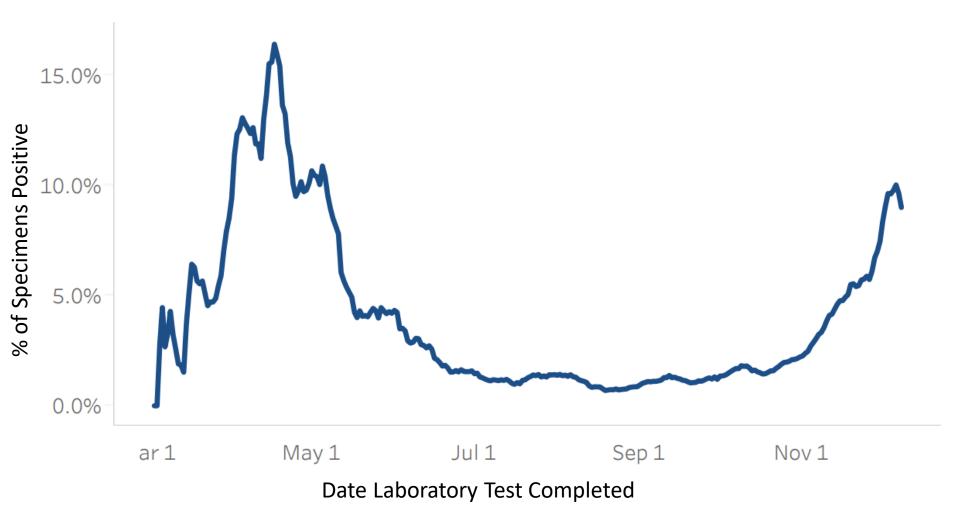


### Number of New COVID-19 Cases per Day in NH



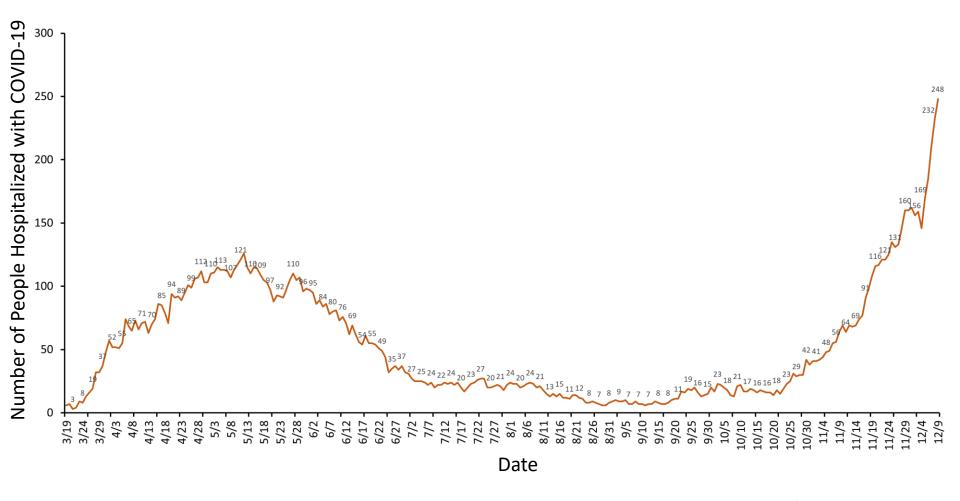


# % of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



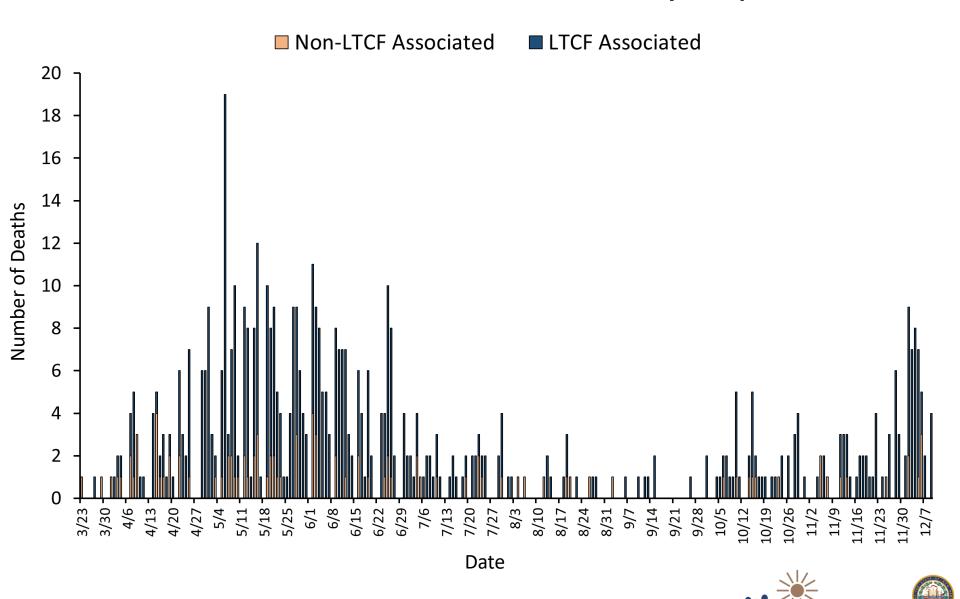


# Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)

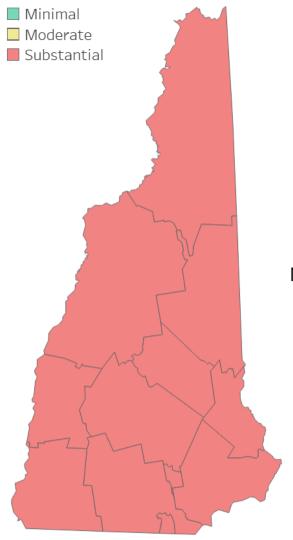




### Number of COVID-19 Deaths in NH by Report Date



## Level of Community Transmission



Level of Transmission

#### Substantial

New Cases per 100k over 14 days

657.2

New Hosp per 100k over 14 days

0.6

7-Day Total Test Positivity Rate

9.0%

Data as of: 12/1/2020



### Vaccine Estimated Timeline

Pfizer 11/20 Moderna 11/30

Submit vaccine dossier to FDA and request Emergency Use Authorization (EUA)

~2 weeks later

Pfizer 12/10 Moderna 12/17

#### FDA approval

Vaccines & Related
Biological Products
Advisory Committee
(VRBPAC) reviews EUA
request to make
recommendation to FDA

ACIP to hold emergency meeting within 24 hours of FDA authorization

<u>Could</u> be ready:

Pfizer Dec 14 Moderna Dec 21

PPP to begin 12/21



Phase 1 Phase 2 Phase 3 Phase 4

Phase 1a "Jumpstart Phase"

- High-risk health workers
- First responders

#### Phase 1b

- People of all ages with comorbid and underlying conditions that put them at significantly higher risk
- Older adults living in congregate or overcrowded settings

- K-12 teachers and school staff and child care workers
- Critical workers in high-risk settings—workers who are in industries essential to the functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities, and physical disabilities or in recovery, and staff who work in such settings
- People in prisons, jails, detention centers, and similar facilities, and staff who work in such settings
- All older adults not included in Phase 1

- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

 Everyone residing in the United States who did not have access to the vaccine in previous phases

Equity is a crosscutting consideration: In each population group, vaccine access should be prioritized for geographic areas identified through CDC's Social Vulnerability Index or another more specific index.



# Vaccine Operations Updates

- Limited vaccine arriving to NH the week of Dec 14th
- Under federal contract, LTCF Pharmacy Partnership Program (PPP) can begin the week of Dec 21st
- Working with pharmacies to receive their plan for NH
- Expect nursing homes to receive vaccine first
- LTCF PPP will begin at nursing homes then ALFs



#### Vaccine Allocation Phase 1a

#### At-Risk Health Workers

Most risk: Front line clinical staff who provide direct patient care and support staff with risk of exposure to bodily fluids or aerosols.

Moderate risk: Staff who have indirect or limited patient contact.

#### Older Adults in Residential Care Settings

Residents of long term care facilities (LTCF), skilled nursing (SNF), and assisted living facilities (ALF).

#### First Responders

Fire and EMS: All private, public, and volunteer fire and emergency medical services (EMS) personnel.

Law Enforcement: All certified or sworn law enforcement officers in NH, whether employed full- or part-time.\* Includes Federal law enforcement not covered by federal allocation.

#### COVID-19 Responders:

Personnel with the NH COVID response with potential patient (or SARS-CoV2) contact, including laboratorians and specimen collection personnel.

<sup>\*</sup>Does not include officers working in correctional facilities, which are included in a later phase.

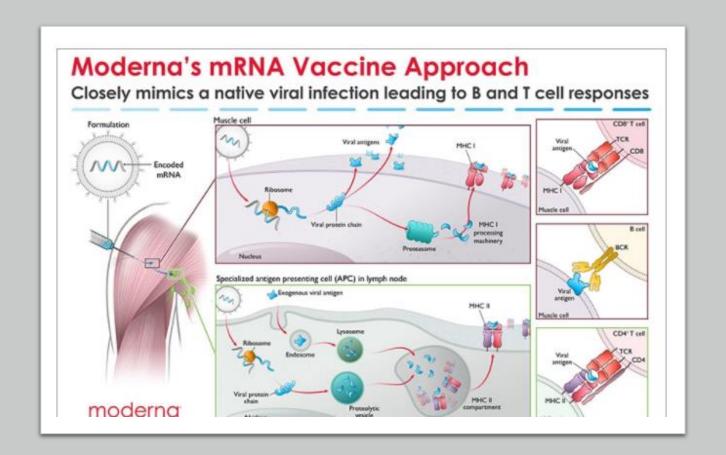


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# mRNA Vaccines

- mRNA is the genetic recipe that all organisms, including humans, use to make their proteins
- These mRNA vaccines are a new approach that change the SARS-CoV-2's mRNA so that our muscle cells can use the recipe to make a protein called the "spike protein"
- The spike protein is found on the surface of SARS-CoV-2 virus and is harmless by itself
- The spike protein is then seen by your immune system which in turn makes antibodies against SARS-CoV-2 to protect you from natural infection



### How Does an mRNA Vaccine Work?





- 2-dose mRNA separated 21d
- 43,538 nonpregnant participants
   16yo, of racial and ethnic diversity
  - Follow up planned for 2y
- Analysis of 170 symptomatic cases
  - 8 among vaccine recipients for 95% efficacy >28d >1st dose
    - Equivalent across race/ethnicity
    - 1 of 10 severe cases among vaccine recipients

## Efficacy in Older Adults?

- About 21% of vaccine study participants were ≥65 years
- In adults 65-74 yo, 93% efficacy at preventing symptomatic COVID-19
  - 1 infection identified in vaccine recipients compared to 14 individuals who received placebo
- Reminder, trial measures clinical disease end points
  - Asymptomatic, transmissible disease may occur regardless of vaccination
  - Vaccine approval or release under an EUA will not lead to an immediate or rapid end of the pandemic or of other social distancing, masking, or mitigation measures

# Safety of the Pfizer/BioNTech Vaccine

- Based on 43k people in trial (21k who got 2 doses)
  - 92% followed >1m, 51% followed >2m
- Most common adverse reactions were
  - Localized injection site reactions (84.1%)
    - Pain, redness, and swelling
  - Systemic reactions including fatigue (62.9%), headache (55.1%), muscle pain (38.3%), chills (31.9%), joint pain (23.6%), fever (14.2%)
  - Both localized and systemic reactions were more common in participants 18-55 years of age compared to people >55

# Other Symptoms and Outcomes

- Other symptoms reported more in vaccine than placebo group
  - Lymphadenopathy: 64 vaccine vs. 6 placebo
  - Bell's Palsy: 4 vaccine vs 0 placebo
    - Rate of Bell's palsy in the vaccine group was similar to the expected background rate in the general population
- People who got the vaccine were NOT more likely to die
  - 2 in vaccine group were adults >55 who died from cardiac arrest and arteriosclerosis
  - 4 in placebo group died from MI, hemorrhagic stroke, and unknown causes
- No vaccine enhancement observed

- No specific safety concerns identified in subgroup analysis when analyzed by age, race, ethnicity, medical comorbidities, or prior SARS-CoV-2 infection
- Insufficient data to make conclusions about safety in certain groups
  - Children <16 years of age</li>
  - Pregnant and lactating women
  - Immunocompromised individuals

# Subgroup Safety

+

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# Ongoing Attention to Safety

- Clinical trial follow up 2 years
- Passive reporting through VAERS/MedWatch
- CDC's v-safe program: opt-in text messaging system to actively seek AEs QD for 1w, then QW then Q3M for year
- Active large database searching for usual vaccine AEs (e.g., Guillainbarre, ?Bell's palsy) for months following campaign

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